TP.	E.Z.			Express Mail	<u> Mailii</u>	ng Label No. EV470404970US			
16 2 6 2004 B			Application Serial Number		09/960,227				
			Filing Date		Septe	September 20, 2001			
			First Named Inventor Group Art Unit		Good	Goodman 1763			
					1763				
		11.	Examiner Name		P. Hassanzadeh				
	FORM		Attorney Docket No. Patent No.		ASX	-055			
					Not a	applicable			
			Issue Date		Not applicable				
ENCLOSURES (check all that apply)									
⊠ F	ee Transmittal Form		Copy of Notic	e to File Missing		Notice of Appeal to Board			
	☐ Check Attached		Parts of Applie	cation (PTO-1553)		of Patent Appeals and Interferences			
	Copy of Fee Transmittal Form	<u></u>	Formal Drawin	ng(s)		Appeal Brief (in triplicate)			
\boxtimes	Amendment 🛛 Reque		Request For C			Status Inquiry			
	☐ Preliminary	Examination (I		RCE)					
	☐ After Final				\boxtimes	Return Receipt Postcard			
	Affidavits/declaration(s) Letter to Official Draftsperson including Drawings [Total Sheets]		Power of Attorney (Revocation of Prior Powers)			Certificate of First Class Mailing			
						under 37 C.F.R. 1.8			
] Terminal Disclaimer			Certificate of Facsimile Transmission under 37 C.F.R. 1.8			
	Petition for Extension of Time			aration and Power r Utility or Design ation		Additional Enclosure(s) (please identify below)			
\boxtimes	Supplemental Information Disclosure Statement		Small Entity Statement						
	Form PTO-1449 Copies of IDS Citations		CD(s) for large	e table or computer					
	Certified Copy of Priority		Amendment A	fter Allowance					
	Document(s)		Request for Ce	ertificate of		İ			
			Correction Certificate of Correction (in						
	☐ Computer Readable Copy		duplicate)	or correction (in					
	Statement verifying identity of above								
CORI	RESPONDENCE ADDRESS			SIGNATURE BL	OCK				
Direct all correspondence to: Patent Administrator			r			Respectfully submitted,			
Proskauer Rose LLP One International Place 14 th Floor Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899			-2600 -9600	Date: August 26, 2004 Reg. No.: 36,471 Tel. No.: (617) 526-9890 Fax No.: (617) 526-9899 Tel. No.: (617) 526-9899 Fax No.: (617) 526-9899 Tel. No.: (617) 526-9899 Attorney for the Applicant(s) Proskauer Rose LLP One International Place 14 th Floor Boston, MA 02110-2600					

ALL 2 6 ZUDA

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	FY 2004

	Complete if Known	
Application Serial Number	09/960,227	
Filing Date	September 20, 2001	
First Named Inventor	Goodman	
Group Art Unit	1763	
Examiner Name	P. Hassanzadeh	
Attorney Docket No.	ASX-055	

	J DOCKET NO.		13/1-033	
METHOD OF PAYMENT		FEE	CALCULATION (continued)	
1. Payment Enclosed:	3. ADDIT	IONAL FE	BES	
☐ Check ☐ Money Order ☐ Other	Large	Small		
-	Entity	Entity		
2. The Commissioner is hereby authorized to credit	Fee	Fee	Fee Description	Fee Paid
or charge any fee indicated below for this submission	(\$)	(\$)		
to Deposit Account No. 50-3081.		, ,		
Required Fees (copy of this sheet enclosed).	130	65	Surcharge - late filing fee or oath	[]
Additional fee required under 37 CFR 1.16 and	50	25	Surcharge - late provisional filing fee	
1.17.	30	23	or cover sheet	
	120	120		
Overpayment Credit.	130	130	Non-English specification	
3. Applicant claims small entity status.	2,520	2,520	Request for ex parte reexamination	
FEE CALCULATION	110	55	Extension for reply within first month	
1. FILING FEE	420	210	Extension for reply within second month	
Large Entity	950	475	Extension for reply within third month	
Fee (\$) Fee Description Fee Paid	1480	740	Extension for reply within fourth	
	2010	1005	month	
770 Utility filing fee	2010	1005	Extension for reply within fifth month	
770 Utility filing fee 340 Design filing fee	330	165	Notice of Appeal	
	330	165	Filing a brief in support of an appeal	
160 Provisional filing fee	290	145	Request for oral hearing	
	130	130	Petitions to the Commissioner	
Monthson November Date A con	180	180	Submission of Information Disclosure	
Number Number Rate Amount			Statement	
Filed Extra	770	385	Filing a submission after final	
			rejection (37 CFR 1.129(a))	
Total Claims $-20 = x $ 18.00 =$	770	385	For each additional invention to be	· -
			examined (37 CFR 1.129(b))	i
Independent	100	100	Certificate of Correction for	
Claims $-3 = x \$ 86.00 =$			applicant's error	
	110	55	Submission of Terminal Disclaimer	
Multiple Dependent Claim(s), if any \$290.00 =	Other fee (Spe		RCE Fee	770.00
	Other fee (Spe			770.00
TOTAL: 208.00		,,		V •
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1) (\$) 208.00	7			
2. AMENDMENT CLAIM FEES	1			
Claims Highest No. Present Rate Fee Paid			SUBTOTAL (3) (\$)	770.00
Remaining Previously Extra			SCOTOTAL (3) (3)	770.00
After Amend. Paid For				
Total 22 $-20 = 2$ $x $ 18.00 = 36.00$			SUBTOTAL (1)	0.00
Indep. 5 $-3 = 2$ $x $ 86.00 = 172.00$	1		SUBTOTAL (2)	208.00
First Presentation of Multiple Dep. + \$290.00 = 208.00			SUBTOTAL (3)	770.00
Claim			(-)	
TOTAL: (\$)			•	
SMALL ENTITY DISCOUNT: (\$)				
SUBTOTAL (2) (\$) 208.00			TOTAL (\$)	978.00
CORRESPONDENCE ADDRESS	<u> </u>		SIGNATURE BLOCK	
Direct all correspondence to:			Respectfully submitted,	
Patent Administrator	Data: A	100 0001	(////)	
Proskauer Rose LLP	Date: Augus		ygu y	_
One International Place, 14th Floor	Reg. No.: 36	•	Joseph A. Capraro, Jr.	
Boston, MA 02110	Tel. No.: (61'			
Tel. No.: (617) 526-9600	Fax No.: (61	7) 526-989		
Fax No.: (617) 526-9899			One International Place, 14th	Floor
1 22 110.1 (017) 320 3033			Boston, MA 02110	